

APPLICATION FOR FAMILY AND MEDICAL LEAVE

Employee Name _____

Social Security Number _____

Agency Name _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (____) _____ Work Phone (____) _____

Purpose of Family Leave _____

Attach **REQUIRED** supporting documentation

Anticipated duration of leave from _____ to _____ for a total of _____ work days. In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Employee Signature

Date

FOR AGENCY USE ONLY:

Family Leave Approved _____

For Dates _____ to _____

Family Leave Denied _____

Family Leave Balance as of this date _____

Family Leave Designation Letter sent _____

Date

Signature of Appointing Authority or Designee

Date